CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | |
|---|---|--------------------------------------|---|
| 3 CANDIDATE / OFFICEHOLDER | Ms/MRs/MR FIRST Mr John | мі R | OFFICE USE ONLY |
| NAME | NICKNAME LAST | SUFFIX | Date Received |
| | Ryan | | Onniau da |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | oity; state; zip code otton TX 76202 | January Semi - |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (940) 206-7213 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | МІ | Receipt # Amount \$ |
| NAME | Mrs Bette | SUFFIX | Date Processed |
| | Sherman | 3311 IX | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SU | UITE #; CITY; STATE; | ZIP CODE |
| TREASURER ADDRESS | 3411 Shadow Brook Cour | t Denton TX | 76210 |
| (Residence or Business) | | | |
| | | | |
| 8 CAMPAIGN TREASURER , 3 HONE | AREA CODE PHONE NUMBER (940) 380-0926 | EXTENSION | |
| 9 REPORT TYPE | X January 15 30th day before el | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 8th day before elec | ction Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| | 7 / 1 / 2018 | THROUGH 12 | 31 2018 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year Primary | Runoff Other Description | |
| | 5 / 4 / 2019 X General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |) |
| | Denton City Council, | | |
| | District 4 | | |
| - | | | |
| | GO ТО | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 1: | 5 Filer ID (Ethics Commission Filers) |
|---|---|--------------------------------------|---------------------------------------|
| John 1 | R. Ryan | | |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL | | |
| | SPECIFIC | COMMITTEE ADDRESS | |
| Additional Pages | 2 | COMMITTEE CAMPAIGN TREASURER NAME | |
| Additional Pages | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ -0- | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 2101.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ 126.38 |
| 4. TOTAL POLITICAL EXPENDITURES | | \$ 2221.38 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | DAY \$ 619.81 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | HE \$4700.00 |
| 18 AFFIDAVIT | | | |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Notary Public, State of Texas | | | |
| | nm. Expires 06-27- Notary ID 825121 | 4 4 | |
| Signature of Candidate or Officeholder | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed before me, by the said John Ryan, this the 15th | | | |
| day of January, 2019, to certify which, witness my hand and seal of office. | | | |
| gare E. Richardson Jane E. Richardson Notary Public | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME 20 Filer ID (Ethics Con | | |
|---|--|------------|--------------------|
| | John R. Ryan | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1 | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2101.00 |
| 2. | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | |
| 4. | 4. X SCHEDULE E: LOANS | | \$ 500.00 |
| 5. | X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ 2095.00 | |
| 6. | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11: | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John Ryan 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ Hugh Coleman 12/13/18 \$100.00 6 Contributor address; City; State; Zip Code 506 Ridgecrest Cir Denton, TX 76205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Lee Ramsey 12/13/18 \$500.00 Contributor address; City; State; Zip Code 525 S Loop 288, Suite 105 Denton, TX 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID# Amount of contribution (\$) Leah Johnson 12/13/18 Contributor address; City; State; Zip Code \$501.00 2405 Winthrop Hill Rd Denton TX 76226 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Marc Moffit 12/31/18 Contributor address; City; State; Zip Code \$500.00 2708 Crater Lake LN Denton, TX 76210 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 2 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME John Ryan 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Richard Hayes 12/31/18 \$500.00 6 Contributor address; City; State; Zip Code 819 W Oak St Denton, TX 76201 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-stale PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| LOANS | | | SCHEDULE E | |
|---|---|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule E: | |
| 2 FILER NAME John R. Ryan | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS | | | \$ | |
| 5 Date of loan | 7 Name of lender | | 9 Loan Amount (\$) | |
| 9/6/18 | John Ryan | | \$300.00 | |
| 6 Is lender a financial Institution? | Is lender a Lender address; City; State; Zip Code a financial | | 10 Interest rate | |
| Y N | 45 Wellington oakb eli beneon, in 70110 | | 11 Maturity date | |
| 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) | | | | |
| 14 Description of Collateral 15 Check if personal funds were account (See Instructions) | | 15 Check if personal funds were account (See Instructions) | deposited into political | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) | |
| not applicable | 18 Guarantor address; City; State; Zip Code | | | |
| 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) | | | | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) | |
| 10/15/18 | John Ryan | | \$200.00 | |
| s lender a financial | ancial 43 Wellington Oaks Cir Denton, TX 76210 | | Interest rate | |
| Institution? Y N | | | Maturity date | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Collateral | | Check if personal funds were deposited into political account (See Instructions) | | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | |
| Guarantor address; City; State; Zip Code | | | | |
| not applicable | | | | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | ages/Contract Labor Other (enter a category not listed above) | |
|--|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME John R. Ryan | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 7/18/18 | 5 Payee name CitiBank Credit Card | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$200.00 | P.O. Box 78009 Phoenix, AZ | 85062 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | | Check if travel outside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Credit Card Payment | Check if Austin, TX, officeholder living expense | |
| | | Credit Card Payment | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held | |
| Date | Payee name | | |
| 8/28/18 | CitiBank Credit Card | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$200.00 | P.O. Box 78009 Phoenix, AZ 85062 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Check if Iravel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Credit Card Payment | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought Office held | |
| Date | Payee name | | |
| 11/02/18 | CitiBank Credit Card | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$200.00 | P.O. Box 78009 Phoenix, A | Z 85062 | |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. | |
| OF EXPENDITURE | Credit Card Payment | Credit Card Payment | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made E | | Expense Travel Out Of District |
|--|---|---|
| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries The Instruction Guide explains how to | Wages/Contract Labor Other (enter a category not listed above) complete this form. |
| 1 Total pages Schedule F1 | · | 3 Filer ID (Ethics Commission Filers) |
| 2 | John R. Ryan | |
| 4 Date | 5 Payee name | |
| 12/26/18 | Grass Routes | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$1495.00 | 2541 S I35 Suite 200-189 1 | Round Rock, TX 78664 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE | Consulting | Check if travel outside of Texas, Complete Schedule T. |
| OF EXPENDITURE | Consulcing | Check if Auslin, TX, officeholder living expense |
| | | Campaign Management |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought Office held |
| Date | Payee name | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description |
| PURPOSE | | Check if travel outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held |
| expenditure to benefit C/OI | 4 | |
| Date | Payee name | |
| | | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| | | |
| | | |
| | Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. |
| PURPOSÉ OF | | Check if travel outside of lexas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense |
| EXPENDITURE | | Officer if Adollit, 175, Universided fightly expense |
| | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held |
| expenditure to benefit C/OH | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED |
| l | | |